Effective on 12/08/2004.			Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).							
FEE TRANSMITTAL		- * *	Application Number 10/570,12 Filing Date 9/3/2004		3		
For FY 2009				Albert J. E	Ranes et al		
		_	1111111111111		a C. Gibbs		
✓ Applicant claims small entity status. See 37 CFR 1.27			Art Unit 1635		11000		
TOTAL AMOUNT OF PAYMENT (\$) 405.00			Attorney Docket 4647 -		0533		
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name: The Webb Law Firm							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below							
Charge any additional fee(s) or underpayments of fee(s) Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments Credit any overpayments							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
FILING FEES SEARCH F			EES EXAMINATION FEES				
Small Er		Small Entity	_	Enail Entity	Fees P		
Application Type Fee (\$) Fee (Utility 330 82		<u>Fee (\$)</u> 270	<u>Fee (\$)</u> 220	<u>Fee (\$)</u> 110	rees r	aid (5)	
,				70			
Design 220 110		50	140				
Plant 220 110		165	170	85			
Reissue 330 165	5 540	270	650	325			
Provisional 220 110	0	0	0	0			
2. EXCESS CLAIM FEES					Foo (4)	Small Entity Fee (\$)	
Fee Description Each claim over 20 (including Reissues) 52					26		
Each independent claim over 3 (including Reissues)					220	110	
Multiple dependent claims					390	195	
• •	tra Claims	Fee (\$)	Fee Paid (\$)			ependent Claims	
- =	X	=	<u> </u>		Fee (\$)	Fee Paid (\$)	
HP = highest number of total claims paid for, if	greater than 20.						
Indep. Claims - 3 or HP Ext		Fee (\$)	Fee Paid (\$)				
HP = highest number of independent claims pai	id for, if greater than						
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof.							
See 35 U.S.C. 41(a)(1)(G) and 37 <u>Total Sheets</u> <u>Extra Sheets</u>		r of each ad	ditional 50 or fra	action thereof	Fee (\$)	Fee Paid (\$)	
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof round up to a whole number) Tee (\$)							
4. OTHER FEE(S)						Fees Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)						10# 22	
Other (e.g., late filing surcharge): Request for Continued Examination 405.00							
SUBMITTED BY							
Signature			Registration No.		Telephone 4	12-471-8815	
Name (Print/Type) Thomas C. Wolski (Attorney/Agent) 55,739 Telephone 412-2							